



Maltese Diabetes Association  
Għaqda Maltija Kontra d-Dijabete



## Membership Application Form

Date of application - \_\_\_\_\_

Name - \_\_\_\_\_

Surname - \_\_\_\_\_

I.D Number - \_\_\_\_\_

Home Address - \_\_\_\_\_  
\_\_\_\_\_

Tel / Mobile Number - \_\_\_\_\_

E-mail Address - \_\_\_\_\_

Treatment - \_\_\_\_\_

Hobbies - \_\_\_\_\_

The total cost for 1 membership is €12 per year.